

Pacific Region Indigenous Doctors' Congress, 2002

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Introduction

The first ever professional meeting of physicians indigenous to the various Pacific nations was held at the Hawai'i Prince Hotel, May 29 - June 2, 2002. It was a historic event, with significant potential for Pacific peoples, medical professionals and their clientele. This is a report of that conference.

The conference had a multiple purpose:

- To bring together indigenous Pacific physicians for the purpose of discussing scientific & professional issues of mutual interest;
- To gauge potential for an organization which would transcend national boundaries; and
- To hold a scientific meeting with a focus on issues of medical / public health significance to the various peoples of the Pacific region.

Background

Conference organizers were: Dr. Martina Kamaka, 'Ahahui 'O Nau Kauka (Hawaiian doctors association), Dr. Peter Jensen, Te Ora, (New Zealand), and Dr. Ngaire Brown, AIDA (Association of Indigenous Doctors of Australia). The conference followed several occasions in which members from one organization (eg: Te Ora) attended the scientific meeting of the other's organization (eg: AIDA). At these meetings, various doctors had realized that despite national and linguistic differences, they were confronted with very similar medical, public health & professional development problems. At their regular local or even international professional meetings, these issues tended to be less

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widely experienced or addressed. For this reason, the heads of the three groups decided to try holding a common scientific meeting, and to discuss the potential and need for some sort of new professional organization. The meeting was advertised on their individual organization's websites, through international media such as the Pacific Basin Medical Association (Yahoo group), and by direct recruitment, mostly by way of e-mail. The interim name for the conference was established as PRIDoC: Pacific Region Indigenous Doctor's Congress.

The conference

Doctors attending the PRIDoC conference in Honolulu (May 29 - June 2 2002) were able to both network with colleagues from other nations and obtain Continuing Medical Education credits. The CME's were organized through the Straub Foundation by Dr. Kalani Brady ('Ahahui member and on faculty at the John Burns School of Medicine, Honolulu). The networking was a major part of the conference as the theme was medical and public health issues as experienced by populations indigenous to the Pacific region. The conference was funded mostly by generosity from Eli-Lilley of New Zealand, and many medical professionals' & students' attendance from across the Pacific was thereby assisted. The Pharmaceutical Business Manager of Eli-Lilly, John Williams, was in attendance through-out. A volunteer crew video-taped the entire proceedings.

The conference formally began with a ceremonial Hawaiian welcome, blessing and a prayer. This was answered by representatives of the various regions, in their native language. Each day a keynote address was given, beginning with US Senator Akaka on the first day, and ending with Dr. Ben Young (an original Hokulea voyager) on the last. Various panel presentations filled each morning, with afternoons devoted to break-out groups and CME sessions; a poster session was organized for two of the days. Participants also had the option of attending evening social events, including a welcome reception, an evening of music and appetizers at the governor's mansion, a luau at Queen Emma's Summer Palace (which included performances by doctors from each associa-

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tion), and organized outings such as a bus trip to the Waianae Health Centre.

Over 150 people participated, the majority of whom were physicians and medical students. Some allied health, education and researchers participated and or presented in break-out &/or poster sessions.

Participants/presenters

- over half of the participants came from Te Ora, the Maori Doctors' Association, Aotearoa/New Zealand (physicians and/or students)
- approximately 40 from Ahahui 'O Nau Kauka, the Hawaiian Doctors' Association,
- 10 members of AIDA, the Australian Indigenous Doctors' Association,
- 4 from Micronesia, including 1 each from Guam, Pohnpei, the Republic of Marshall Islands, and Palau;
- 1 Tahitian (an anthropologist and medical scientist)
- 1 Cheyenne, working in Maui
- 1 Samoan physician was scheduled to present but was not able to attend.

Participants/observers

- 1 Soto-Metis (Canada),
- 2 Alaskan Indians,
- 3 Mohawks (2 from Canada, 1 from the USA),
- 1 Palangi to report back to the Tongan Medical Association (U Hawai'i, medical anthropologist),
- 1 Fijian MD (now living in NZ),
- 1 former resident of Palau (Pacific Specialist librarian at the University of Hawai'i at Manoa's Pacific Collection),
- 1 physician from the National Organizations of Black Americans.

Scientific sessions:

A wide range of topics were covered, including:

- the origins of Pacific exploration and the Pacific gene pool;
- non-infectious disease: incidence & Pacific population-specific predispositions (diabetes, asthma, cardiovascular);
- treatment; non-compliance, non-standard presentations in clinical settings
- economic disparity, morbidity & mortality rates
- successful health promotion tactics (various)
- incorporation of traditional perspectives, pharmacopoeia, massage & counselling in biomedical treatment regimes
- community-developed video for cervical cancer prevention & teaching;

- art therapy & perceptions of health in relation to land/place/family.
- child & domestic abuse
- kava consumption and potential protective effects for neoplasms
- Regional disparity, ongoing education, distance education, upgrading, financing medical services
- Poster sessions with original research and resources available from the Pacific Collection at U Hawaii.

Professional proceedings

The final day of the conference included a closing address re: history of medical training in the Pacific Basin (Hawaii focus) and a business meeting at which the participants reviewed a draft constitution, and discussed whether there was a need or desire to create a new organization. The group overwhelmingly agreed to create an entity, provisionally called *Pacific Region Indigenous Doctor's Congress*. I cannot adequately describe the degree of emotional response, excitement and enthusiasm for the conference. Prior to the close of the meeting, there was discussion about certain key issues:

1. The use of the term "indigenous"

"Indigenous" glosses slightly differently in various locales. The UN has drafted a definition of "indigenous person", but that itself is not

fully understood nor accepted.

- Victor Yano (PBMA/Palau) suggested Sitaleki Finau's term "Pacificans" be adopted instead of 'indigenous'.
- Heather Young Leslie (U. Hawaii) pointed out that much of the tone of the UN definition of "Indigenous people" references colonization and loss of autonomy. If the UN definition of "indigenous" is adopted by PRIDoC, then some Tongans and other Pacific nations who have retained/regained control over their land and local politics might not feel that it adequately serves them.
- A Fijian MD currently practising outside of Fiji wondered if he could be included since he was not indigenous *to the place* where he now lives & works.
- Sue Crengle [Te Ora] stated that "this organization can come up with their own definition of indigenous".

The general consensus was that the UN definition is problematic. Essentially PRIDoC participants are referring to 'first peoples' : i.e.: genealogical and cultural descendants of pre-European colonization, resident to places across the Pacific. That being said, the significance of colonization and the economic, professional, linguistic and educational disparity that is coterminous with colonization was predominant in much of the conference

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discussion, the kinds of medical cases and treatments presented, professionalization, manpower issues, and etc.

2. Use of the term "Pacific"

Geographic barriers and the term "pacific" was also discussed, particularly with reference to membership and constituency of the Congress. At various points, the definitions of "Oceania" and "Austronesian" as used in much historical and anthropological literature, and 'Eveli Hau'ofa's notion of "A Sea of Islands" were discussed, as an alternative to 'Pacific'. Certainly there is more cultural continuity amongst people of 'Oceania' and Austronesian language speakers than those whose nations simply border the Pacific Ocean, that probably enabled some of the initial impetus for the Congress: a commonality which surpassed that offered by medicine and post-coloniality. However, there were strong expressions of desire for membership from people not of the Oceanic genealogy: the organizers had received requests for information from places such as Nepal, Peru and South Africa!

Eventually, in the spirit of inclusion but pragmatics, it was decided that "if the Pacific Ocean laps your shores anywhere, then you are included". This means that there are Canadians from the central parts of the country (and quite different cultural backgrounds), as well as Australians from Perth, who are eligible for membership (and are in fact on the organizing committee for the next conference). While there is an unofficial focus on English language as the mode of communication, this was not specified in the final meetings. Potentially, it would seem, Ainu from Japan and Mayans from Guatemala, etc, *could* join if they so desired.

At this point, however, the membership seems overwhelmingly to be from NZ, Hawaii & Australia, with some representation from Micronesia (Guam & Palau), and potential for representation from island Polynesia.

3. What is a member and what types of membership?

There was some discussion as to whether individual people should join, or whether membership in a local indigenous doctors association should confer membership in the PRIDoC, and whether non-physicians should be permitted. Many of the following issues were discussed, and flagged for the agenda for the next conference.

- There was general agreement that the organization is intended for doctors primarily, with non-physicians welcomed to hold associate memberships [non-voting].

- The exact membership structure is yet to be worked out, but likely will be composed of representation from existing organizations - like Te Ora in NZ, AIDA in Australia and, if the TMA wishes, people from the Tongan Medical Association, etc.
- Individual docs who are working in areas without an indigenous doctors association need to be accommodated.

4. Costs of membership and participation

It was recognized that many of the smaller Pacific nations will need support to attend and participate in any the Congress, and that even e-mail may not be the ideal form of communication if it is the sole form of contact.

Organizational structure and the next steps

An interim working committee was formed from volunteers & conscripts. Louis Peachey, a past president of AIDA was elected as Current Chair. The purpose of the committee is to:

- organize the next conference,
- expand the participation of more Pacific peoples in the Congress,
- do more fund raising (ie: to assist poorer organizations to send representatives),
- handle the production of a 20-minute video documentary of the first Conference (an editorial committee of volunteers was established to oversee that video;

members include Nel Wyman, Canada and Kalani Brady, Hawaii),

- develop a more concrete constitution & organizational 'rules' to be presented for comment/ratification at the next Conference. The next Conference is planned for

Australia, 2004 possibly in Alice Springs, and it will be a scientific as well as professional meeting.

The interim committee formation entails a few guidelines, derived from the business meeting: Conferences are provisionally set at bi-annual periods. The need for administrative continuity is recognized by creation of the posts of Past Chair, Current Chair, and Chair Elect. It was agreed that the incoming Chairs should be from the place where the next Conference is going to be held. At present, the Past Chair is Martina Kamaka, of 'Ahahui 'O Nau Kauka. The Chair Elect has not been identified.

The rest of the working committee has representatives from the other organizations. The actual membership is yet to be settled. At this stage, there are representatives from: Te Ora (3 members), 'Ahahui 'O Nau Kauka (approx. 5 members), AIDA (4 members) plus several student reps

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from each site. At the business meeting, Heather Young Leslie (U. Hawaii) requested that the nominations to the committee be held open to give time for people to report back to their local associations, and to give other organizations such as the Tongan Medical Association and the Tahitian physicians a chance to decide *if* they want to participate and who & how many people they want to sit on the committee for the next Conference. Agreement to this was unanimous. Since then, Dr. Sheldon Riklon, RMI, and Dr. Ramel Ramos, a Neurologist from Guam Medical Hospital have agreed to represent the Pacific Basin Medical Association & Guam Medical Society, respectively. The Tongan Medical Association was informed of the Congress on July 24 and are considering membership. Interest seems high.

A listserv has been established to facilitate communication, and already has a fair-sized membership. Individuals may subscribe through Yahoo Groups: <http://groups.yahoo.com/group/PRIDoC/>. The list is closed, meaning that all requests to join are vetted by the listowner (Rhys Tapsell, Te Ora), and only members can read

and post messages. As of July 20, 2002, there are 50 list members.

Conference participants were very clear that their intention was "not to step on the *mana*" of currently existing organizations — such as the Pacifika Medical Association (mostly based in New Zealand), or the Pacific Basin Medical Association (mostly Micronesia)— but are trying to meet a need that they all have identified is still unmet.

The name "Pacific Region Indigenous Doctor's Congress" was adopted for the interim and the goals of the organization came out clearly:

- Improve the health of Pacific peoples,
- Provide for improved intellectual, workforce and research opportunities for Pacific doctors, and
- Provide a safe space for doctors to look after their own.

Their slogan sums it up nicely:

"Pacific Doctors for Pacific Health for Pacific Peoples" ■

Pacificans is the unifying term for Pacific diversity yet is special for people who have descended from the indigenes of the islands within the Pacific Ocean. It does not imply homogeneity.

**S A Finau, et al in 'Health and Pacificans',
Masilamea Press, Tonga Is.**